

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044913

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11277

FILED NOV 30 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

5724 Rhodes

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY

OR
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

5724 Rhodes

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

CLARENCE

J. STEIN

4. DATE

OF
DEATH

Month

Day

Year

November 22, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1/9/1914

9. AGE (last birthday)

48

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Installation Man--ret'd.

10b. KIND OF BUSINESS OR INDUSTRY

Holland Furnace Co.

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Oscar Stein

13b. MOTHER'S MAIDEN NAME

Emily Schneidegger

14. NAME OF HUSBAND OR WIFE

Late Gladys Stein

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Eugene R. Stein

Address

5424 Rhodes

18. CAUSE OF DEATH (Enter only one cause per line for terminal condition)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease with Chronic Atrial Fibrillation

INTERVAL BETWEEN ONSET AND DEATH

1 1/2 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last

DUE TO (b)

DUE TO (c)

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

May 1961

to October 1962

and last saw him alive on

22 October 1962

Death occurred at

3:30 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Arch M. Ahern, M.D.

22b. ADDRESS

3915 Watson Road

22c. DATE SIGNED

24 Nov 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/26/62

23c. NAME OF CEMETERY OR CREMATORY

SS Peter and Paul

23d. LOCATION (City, town, or county)

St. Louis Co., Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser--4228 S. Kingshighway

25. DATE RECEIVED BY REG.

NOV 24 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

Dr. Arch Ahern Hrs Sat. 9 to 11:30 A.M.
3915 Watson Road & 1:30 PM to 5 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed R. W. Storrs and

Licensed Embalmer No. 4007

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.